



20 Madison St. ~ P.O. Box 280 ~ Griswold, Iowa 51535

David Henrichs, Superintendent
712-778-2152
Fax 712-778-4145
dhenrichs@griswoldschools.org

Billy Hiatt, MS/HS Principal
712-778-2154
Fax 712-778-2161
bhiatt@griswoldschools.org

Nigel Horton, PK-5 Principal
712-778-2154
Fax 712-778-2161
nhorton@griswoldschools.org

January 19, 2021

Dear Griswold Community School District parents, students, staff and community members:

As outlined in the December 22, 2020 communication that was shared with you, the Griswold Board of Education met in regular session on January 18, 2021 and considered requiring all students to return to in-person learning.

By a vote of 6-1, the Board voted in favor of requiring all students to return to in-person learning on or before February 15, 2021, unless a note from a medical professional is provided to the district which states a student should not return to school due to either a personal medical condition or a medical condition of someone who resides in the household. Included in this communication is a copy of the "Request For Remote Learning Form" which shall be completed and returned with an accompanying note from a medical professional if a medical exemption from in-person learning is desired.

Please note that this rule does not apply to students who recently tested positive for COVID or who are required to quarantine. These students will be transitioned to remote learning until they are allowed to return to in-person learning as outlined by CDC, the Iowa Department of Health and the Iowa Department of Education rules.

The following are some of the data points the Board considered while making their decision.

1. Since Thanksgiving, our district has experienced a very low level of impact as a result of COVID.
2. Since the start of the school year, the district has received notice of the following COVID cases: Elementary Students = 4, Middle / High School Students = 11, Staff Members = 11.
3. Over the past few weeks, the 14-day average positivity rate for Cass County has decreased. Presently this rate is 11.6%.
4. Student engagement and performance has been below average for remote learners. In fact, at one point, 50% of the MS/HS students remote learners were on the "D and F list."

Thank you for your continued support and understanding. If you have any questions, please contact a school administrator at 712-778-2154.

Sincerely,

A handwritten signature in black ink that reads "David Henrichs". The signature is written in a cursive style.

David Henrichs, Superintendent

REQUEST FOR REMOTE LEARNING FORM

Date: _____

Student(s) Name: _____ Grade (s): _____

Parent(s) / Guardian's Name _____

Address: _____

Phone Number: _____

I, _____ (Parent / Guardian) am requesting accommodation for my child (children), _____ (Student Name (s) to participate in remote learning opportunities for the duration of the declared public emergency, or for the amount of time specified by the District Administration, whichever occurs first.

I have attached to this form documentation from an Iowa Board of Medicine - licensed medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my child or a family member residing within the same home as my child.

I understand that the district will do their utmost to accommodate my child's learning needs, but that some learning opportunities may need to be modified in a remote environment. The provision of special education and accommodations for students who have individualized educational programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

I understand that in order for my child to continue participate in mandatory learning, his/her remote attendance will be taken, assessments administered, and grades will be counted toward my child's cumulative grade average. I understand that any devices, technology, or materials given to my child to facilitate remote learning are the property of the district and must be returned at the end of the remote learning period.

Parent / Guardian Signature _____

Request approved by: _____ (School Official)